# SIAC Health Subcommittee Meeting Wednesday, October 10, 2012 3:00pm – 4:30pm 33 W. Monroe, Chicago – 24th Floor

#### **Meeting Minutes**

I. Welcome and Introductions – (3:00pm-3:10pm) Vanessa Rich Meeting participants: Kimberly Bartolomucci, Adam Becker, Karen Berman (SIAC Co-Chair), Carie Bires, Pam Borchardt, Juanona Brewster, Donna Cech, Vincent Champagne, Andrea Densham, Greg Donathan, Donna J. Dreiske, Debra Evans, Brook Fisher, Karen Freel, Dan Harris, Madelyn James, Abbey Kerl, Janine Lewis (Subcommittee Co-Chair), Vanessa Rich (SIAC Co-Chair), Kate Ritter, Christine Robinson, Christy Serrano (staffer),

Kendall Stagg, Bryan Stokes, Amy Zimmerman, Joanna Su, Amanda Ciatti

**II. Updates** – (3:10pm-3:15pm)

Karen Berman

- a. Health Indicator Meeting outcomes (Review/Approve Meeting Minutes)
  Health Subcommittee members review the draft meeting minutes from the
  Health Indicators meeting held on August 20, 2012. Meeting Minutes are
  approved and submitted to the Governor's Office of Early Childhood
  Development
- b. Health Subcommittee Co-Chair: Janine Lewis

Karen Berman announces the selection of Janine Lewis as one of the Health Subcommittee Co-Chairs. The second Co-Chair has yet to be identified. Janine Lewis and Karen Berman welcome Health Subcommittee members to volunteer to be the other Co-Chair if they are willing and able to do so.

III. Discuss charge and EC role in child health promotion – (3:15pm-3:25pm)

Vanessa Rich

**Health Subcommittee Charge:** Lack of health care or delays in treating health problems can negatively affect children's cognitive, emotional, behavioral and physical development and their ability to learn. The Health Subcommittee will develop strategies for 1) health care integration and alignment across early childhood systems and for 2) addressing gaps in health care services in order to support children's healthy development and school readiness.

Vanessa Rich reads the draft Health Subcommittee charge to the meeting participants (see charge in text box above) and seeks feedback from Health Subcommittee members on the description of the Subcommittee charge. The following are comments about the charge that members voiced during the meeting:

- Members asked that the group develop strategies and measureable outcomes for accomplishing parts 1 and 2 in the charge. Given the gaps in the way that data gets transmitted across early childhood systems, members agree that it is important to have comprehensive set of data on all children in early childhood programs, and that the Health Subcommittee is able to play an important role in providing input for what children's health data should be available to programs and policy-makers.
- Members also want to include language about the process of reporting to the Early Learning Council, and to add something specifically about prevention measures and about care coordination.

### IV. Care Coordination discussion – (3:25pm-3:55pm)

**Janine Lewis** 

#### **Questions:**

- 1. What is the Health Subcommittee's role around care coordination?
- 2. What would the Health Subcommittee's work look like around care coordination?
- 3. If the SIAC Health Subcommittee decides to have a role in care coordination, what would you see as our first three steps?

Janine Lewis leads the group in a discussion around what the early learning community's role is in supporting the health of children and around care coordination (see questions in text box above). The following are comments from members:

- Members suggest that the Health Subcommittee could help define what services or sectors of the health system should be included in a coordinated care approach. Since children go to a variety of places for different issues, it will also be important to identify who should be on the care coordination team for a child. Members also discussed the role of the medical home and community resources in care coordination, and that part of the work around care coordination could including "painting a picture: of coordinated care for the family: that when we say "coordinated care" that we don't just mean going to the doctor's office but we have the opportunity to define what coordinated care really means to the family.
- Members discuss that defining coordinated care is especially salient for vision screenings because these screenings are taking place outside the doctor's office. Furthermore, coordinated care is not taking place between different providers and vision specialists after a vision screening is conducted (and regardless of where the screening was conducted). Although it is most likely for the child to come back and reconnect to their point of entry into the system (e.g. doctor's office, child care center, etc), we know that there are multiple points of entrance. Members agree that in care coordination there should be "no wrong door": that a child should be able to come into the system at any point of entry and be able to get anything

he/she needs; but that having a person responsible for helping families navigate these systems is critical for making sure that care coordination is successful.

• A potential role for the Health Subcommittee could be to think about the capacity of the health and early childhood systems and the capacity of families to participate in care coordination. The Subcommittee could assess what the current reality is around supporting care coordination across systems and can help provide recommendations for how to build capacity where it is needed. It was also suggested that the group learn about and share best practice in care coordination. Models of care coordination should also be flexible enough to work in any community and provide a variety of tools for systems to use in order to reflect best practice in care coordination.

Janine Lewis summarizes what has been suggested as areas of work to bring with around care coordination:

- 1. Define the sectors and segments of care coordination: When we say coordinated care, what do we mean? Who is on the team?
- 2. To define the role of the care coordination navigator/facilitator within early childhood systems
- 3. Define the health care service expectations and basic provisions that care coordination is able to provide. What do people know, and what do they need to know about childhood health and well being? Potentially develop materials about what parents should expect from their early childhood and health care providers around care coordination and provision.
- 4. Determine what the current capacity of systems and families is to participate in care coordination for children? How do we develop a system infrastructure that is able to effectively communicate and coordinate services?
- 5. Research and recommend care coordination models in order to build best practices in care coordination among early childhood and health systems.
- 6. Answer: How do we measure care coordination? How do we know when care is being coordinated?
- 7. Build common language across health and early childhood systems and sectors for services families need.
- 8. Assist the health care field in understanding the role and contributions of the early childhood field, and to assist the early childhood field in understanding health systems and how to address the health needs of children. These two fields don't know very much about the other.

### V. Discrete Work Priorities discussion – (3:55pm-4:25pm)

Karen Berman

One of the health priorities includes making recommendations to DCFS on what obesity prevention requirements should be included in Rule 407 (Illinois' child care licensing standards). The other potential priority is to conduct a perinatal oral health education

pilot with area hospitals to make sure mothers have the tools necessary to support good oral health for their infant and for themselves.

The Health Subcommittee will continue the discussion of identifying work priorities in discrete health areas at a future meeting. These conversations will enable the development of action steps and timelines for our work plan.

# VI. Time and Work expectations – (4:25pm-4:30pm)

**Janine Lewis** 

# a. Meeting schedule and working styles

The Health Subcommittee decides to convene monthly meetings on the 2<sup>nd</sup> Wednesday of every month staring in December. The next meeting is scheduled for November 19<sup>th</sup> at 2:30pm. The Subcommittee will review revisions made to the group's charge and work priorities (including areas of work around care coordination).